

Outgoing Director Reflects on Tenure

Col (Dr.) James Rundell

Former TAO-E Director



It has been my honor and privilege to work with a truly outstanding team of health care professionals over the past few years as both Medical Director and Executive Director of TRICARE Europe. We have not only weathered a period of tremendous change within TRICARE, but we've served in a time of war

and turbulence that has and continues to have a profound impact on our lives, both personally and professionally. My early departure from TRICARE is just one small example of this impact. I am now serving a four-month tour at Landstuhl Regional Medical Center to help fill the gaps in health care created by the demands of the Global War on Terror. I have the utmost confidence that my successor will find what I discovered during my tenure — the men and women who keep TRICARE Europe running day to day are truly without parallel.

After this tour, I will retire from active duty service. My time with TRICARE will rank as one of the most demanding, challenging and rewarding part of my career. I truly believe that we have made and continue to make great strides in providing our beneficiaries with the world's best medical care.

I am very proud of what we have accomplished together. While there isn't space to review all that we've accomplished in the past few years, I want to leave you with a snapshot of just a few of successes and

challenges that will play a central role in shaping the future of TRICARE Europe for years to come:

Transformation

It must be apparent to all of us in Europe now that great changes lie ahead for our theater. There will be base closures and realignments and changes in the ways forces are garrisoned and deployed. This will undoubtedly lead to changes in the way TRICARE is deployed in the theater as well. In the future there may be fewer overall beneficiaries in Europe, but a more diverse range of settings where U.S. forces are based within the theater. This will present new challenges for all three services, MTFs, and TRICARE Europe. When theater realignment and transformation plans are finalized, TRICARE Europe will be ready to assist planners and commanders with network adequacy and quality assessments around locations that gain or lose populations, in order to ensure a smooth transition.

New Director Announced

CAPT Elizabeth Niemyer, current Commanding Officer at Naval Hospital Rota, Spain, will join the TRICARE Europe team as Director in 2005. In the interim between Col Rundell's departure and CAPT Niemyer's arrival, COL Gail Williamson (TRICARE Europe Clinical Operations division chief) will be the TAO-E Director.



The TRICARE Transition

With the recent establishment of the OCONUS TRICARE Regional Office, TRICARE Europe transitioned from an independent Region to one of three OCONUS area offices. The benefits of this consolidation are just beginning to show. With the hardest part of the "Next Generation" transition behind us, it's important that we don't lose site of why such a sweeping organizational change is a step in the right direction. The bottom line is that we are now set on a path that will help us create a more uniform, standardized overseas benefit. In the future, you will likely find many redundancies, overlaps, and inefficiencies that were previously transparent when TRICARE didn't work so closely together on a global scale. While our overseas TRICARE area will always be different because of the lack

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Keep Focus on Beneficiaries During Time of Change

COL Gail Williamson
Interim Director

It is a great honor to be given the opportunity to lead TRICARE Area Office - Europe as Interim Director.

I have worked with Col Rundell for the last two and a half years and realize what big shoes I have to fill until CAPT Elizabeth Niemyer, the new director, arrives in 2005.

With over 20 years of active military service, three tours in Europe, and over two years with TRICARE Europe as Chief of Clinical Operations, I bring to the table a solid understanding of the uniqueness of being stationed overseas.

In this, the transition year for

TRICARE Europe from a Lead Agent to an Area Office, we continue to uncover great challenges.

Despite changes occurring within our office, in the transformation of the theater, and the stresses and strains of services during wartime, it is all the more important that we never lose sight of the beneficiaries we serve.

Rest assured that the TRICARE Europe team remains willing and ready to help — whether you have a benefit question, need assistance getting a claim paid, or need help with our host nation preferred providers.

Feel free to contact me anytime at DSN 496-6324.



COL Gail Williamson
Interim TAO-Europe Director

Register
Login
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Important Resources

- > Policies and Benefits
- > Reimbursement Rates
- > Provider Resources
- > Beneficiary Resources
- > TMA's Notice of Security Practices
- > Electronic Claims
- > TRICARE for Life
- > Toll-Free Numbers
- > Map of Regions
- > TRICARE Brochures
- > Report Fraud and Abuse
- > Glossary of Terms
- > TRICARE Forms

Need Help?
Contact our friendly Customer Service staff!

Welcome!

Wisconsin Physicians Service (WPS) is pleased to provide you with a comprehensive website for obtaining all the information you need on the TRICARE Program. WPS is proud to be partnered with Humana Military for TRICARE Overseas.

If you are a first time user of this site, choose your username and get a password by registering with us!

Beneficiary

- Determine eligibility for the TRICARE program
- Obtain up-to-date information on your out-of-pocket copayments and deductibles
- Check the status of claims and obtain duplicate Explanations of Benefits
- Update your address for mailing Explanations of Benefits
- Ask Customer Service a question in a secured online message environment
- Update what we have on file for your other health insurance

Provider

- Obtain eligibility, where to file a claim or out-of-pocket expense information
- Obtain information if the beneficiary has met their catastrophic cap or deductible
- Query claim status and duplicate Explanations of Benefits
- Submit claims online and receive an immediate response
- Ask Customer Service a question in a secured online message environment

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Leaders Meet in Munich for TRICARE Europe Council

Military Treatment Facility & Branch Medical Clinic commanders, Component Service surgeons, and senior TRICARE Europe staff met in Munich, Germany from locales throughout Europe Dec. 6-9 for the biannual TRICARE Europe Council Meeting. The TEC meeting is a chance for medical leaders to exchange ideas and address common concerns, as well as a forum for TRICARE Europe staff to get the word out on major programs, updates, and initiatives. The following presentations from the meeting are available for download on the TRICARE Europe website at www.europe.tricare.osd.mil (select 'Conferences' from the navigation menu).

Quality Health Care During Challenging Times

Dr. William Winkenwerder, Jr., M.D., M.P.H.

Assistant Secretary of Defense for Health Affairs

Host Nation Provider Credentialing/Inpatient Case Management Pilot Study

Col James Rundell

former Director, TRICARE Europe

Best Practice Presentations

- Health Care Information Line Pilot Test, 31 Medical Group, Aviano AB, Italy (**Col Lee Payne**)
- Adapting the PPN to Southern Italy, U.S. Naval Hospital Naples, Italy (**CAPT Rosalind Sloan**)
- Sustaining Soldier Medical Readiness, U.S. Army Health Clinic, Darmstadt, Germany (**MAJ Stephen Wooldridge**)
- New Automated Phone System, U.S. Army Health Clinic, Kitzingen, Germany (**COL David Carden**)
- USAFE SG Information Management Cell, U.S. Air Forces in Europe Surgeon Generals office, Ramstein AB, Germany (**Capt Sharon Goodwin**)
- Tri-Service Product Standardization, TRICARE Area Office - Europe, Sembach AB, Germany (**LTC George Patrin**)

Program Operations Update

- Policy Potpourri
- Remote Site Health Care
- Claims Issues

CAPT Mary Greenwood

TRICARE Europe Chief, Program Operations

Clinical Operations Update

- Host Nation Site Visits

- HCIL Study
- Host Nation Health Outcomes Study
- Network Utilization / Capacity

COL Gail Williamson

TRICARE Europe Chief, Clinical Operations

Host Nation Beneficiary Satisfaction Survey

MSgt Lisa Poss

TRICARE Europe Senior Enlisted Advisor

Obesity Surgery Survey Analysis

Capt Tammy Burtschi

TRICARE Europe Individual Mobilization Augmentee

Reintegration and Redeployment Issues

Military Treatment Facility Commander Panel

TRICARE Management Activity Update with Focus on OCONUS Issues

CAPT David Smith

Deputy Director, TRICARE Management Activity

Emerging Technologies Coming to your MTF

- TRICARE Online
- Secure Provider Access to CHCS
- TAO-Europe Web Applications Update
- EWRAS Update

MAJ Damon Baine

TRICARE Europe Chief, Business Operations

Combatant and Component Surgeons Update

Col Mark Ediger

U.S. Air Forces in Europe Surgeon General

CAPT Joseph DeFeo

Navy Europe Surgeon General

Col Doug Robb

Central Command Surgeon General

COL Edward Huycke

European Command Surgeon General

BG Carla Hawley-Bowland

U.S. Army Europe Surgeon General

Increase In Beneficiary Population

The official DoD health care beneficiary population for Fiscal Year 2005 is 9.1 million. Please ensure that you use this number for all external inquiries and products.

New Video Helps Children Deal With Reintegration

LTC (Dr.) George Patrin
TRICARE Europe Medical Director

The idea of a 410th ASG Religious Education Coordinator to produce a learning tool in a format that would engage children and their families in discussions about problems that commonly occur with reintegration after separation from loved ones (parents, grandparents, sisters, brothers, guardians, etc.) has become a reality with the help of volunteers at TRICARE Area Office - Europe.

LTC-R Chaplain Gregg Drew, 104th ASG Director of Religious Education, contacted me several months ago asking if I had some ideas on how to use end-of-year grant money provided through the Army Chaplain

Corps to put on a live show for children that would address their fears, worries, and concerns regarding reintegration with their family member who had gone off to war in OEF and OIF.

I suggested that they consider putting together a communication tool to help children deal with reunion issues that could be recorded and then reproduced with the grant money so it could be used again and again.

Their research uncovered plenty of materials available for adults, but not many materials or programs specifically developed at a child's level of understanding. Multi-service inquiries of the experts on childhood deployment stress, both military and civilian, resulted in a script written at the six to 12 year old level that deals with three components of the deployment cycle:

- ❶ Getting ready to separate
- ❷ Discipline in the home during deployment and afterwards
- ❸ Reintegration strategies

Volunteers in all three Services, to include kids, reviewed the script and its content to be sure that it accurately addressed real issues of children undergoing separation from family members.

A puppet show was planned and rehearsals

scheduled. Volunteer puppeteers included me, Linda Glynn and Muriel Metcalf, TAO-E Nurse Case Managers.

Lauren Glynn, a developmental daycare worker at Sembach and Linda's daughter, also participated, along with my wife Pam, who was the puppet seamstress.

Other community volunteers came from Landstuhl Medical Center (LTC Dave Smith) and the European Regional Medical Command (LTC Lois Borsay). The video was

filmed in a professional studio in Frankfurt with the 'blue screen' technique which allowed pictures of the Ramstein Airport to be used as the background.

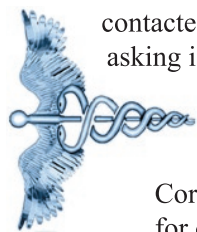
Multiple puppet families of all kinds discuss their concerns while waiting for the plane to arrive with their loved ones. The show is 30 minutes long and made in three sections that can be used all at once or at different times to stimulate discussion about family issues and ways to deal with the stresses and common frustrations of deployment.

Mr. Drew and I wrote a Facilitator's Guide with sample questions that can be used to put on a unit or school program. Hopefully this tool will help families overcome the most common difficulties families face on reintegration in healthy, proactive, and productive ways. It is our collective dream that anyone — a family member, family care provider, or simply a concerned person in the community — will be able to use this child-friendly format to help children deal with issues related to family reunions after long deployments.

Copies of the script, facilitator's guide, and video DVD can be obtained by contacting Gregg Drew at the 104th ASG, at DSN 323-2476 (e-mail: gregg.drew@us.army.mil).



photo by LTC George Patrin



Medical Director's Corner

Remote Site Team Visit New Network Hospitals in Netherlands

LCDR Jeff Trowbridge

Deputy Director, TRICARE Remote Operations

The Directors of TRICARE Europe's Remote Site office recently accompanied International SOS and on-site remote military and civilian personnel in the initial engagement of new network hospitals for beneficiaries in the Vokel and Rotterdam TRICARE Global Overseas Remote (TGRO) sites.

Working with host nation providers and SOS staff, MAJ Wayne White and Lcdr Jeff Trowbridge toured facilities and spoke with hospital staff to ensure a smooth addition to the growing number of TGRO providers in the Netherlands. SOS had already paved the way for inclusion of these

new hospitals by conducting thorough and carefully prescribed reviews of the facility's infection control procedures, location, access to providers and accreditation status.

"This process is essential for establishing a successful network in remote locations," White said, "and it helps ensure a smoother experience for beneficiaries seeking care at TGRO network hospitals."

The facilities visited were modern, well organized and exceptionally clean – the host nation providers and staff were very accommodating and were looking forward to working with DoD beneficiaries enrolled to the TGRO program. For more information on the TGRO program, visit us online at www.europe.tricare.osd.mil.



photo by Lcdr Jeff Trowbridge

From left, MAJ Wayne White, Director of Remote Site Division, Else Splunder, a radiologist at the IJsselland hospital in Rotterdam, and International SOS members Nicki Berry and Sam McNabb. International SOS continues to add new providers in remote countries to better serve military families.

TRICARE Dental Program Available To Meet Family Needs

Dr. George Schad

TRICARE Dental Plan Overseas



Over the past year, we have seen numerous deployments of active duty personnel from locations throughout Europe. These deployments often times include resources from our military medical and dental clinics. When this happens in conjunction with summer rotations and other

manpower losses, we find that family member dental care in our military dental clinics sometimes has to be curtailed or temporarily postponed. Our clinics are not always able to meet the needs of the family members and still maintain active duty personnel in top readiness condition for their deployments. Readiness of the troops is the primary responsibility for our military dental clinics. Therefore, specialty dental work and sometimes even exams and cleanings for family members have to be delayed.

During these times beneficiaries who belong to the TRICARE Dental Plan (TDP) can be referred to the host nation provider network to receive the care that they need. When this occurs, the dental clinic will provide the member with a Non-Availability and Referral Form (NARF) for the care that is needed. In addition they should provide the patient with a UCCI Claim Form, a list of host nation providers, and a handout that advises the patient how to use

the program and how to file a claim with UCCI.

The TDP was designed to augment the dental care that is given to family members in our military DTFs. During times of diminished manning or when deployments affect dental clinic capabilities the TDP is a great way to maintain your dental health while in an overseas location. All of the providers who are listed on our TRICARE Europe web site and at our local dental clinics have been visited by one of our active duty dentists. Our military dentists have checked over the local provider's practices and have assured themselves and the rest of us that the host nation providers are graduates of a valid dental school, are licensed in the country where they practice, speak English, sterilize instruments, and wear a mask and gloves when treating patients. In general, this means that the dentists we list are practicing a lot like a local dentist in the U.S. would practice and we therefore feel comfortable in sending our military family members to see these providers.

Beneficiaries may enroll in the TDP online or via the mail. Sponsors must enroll for a minimum of 12 months. E-mail UCCI at oconus@ucci.com or visit their website at www.ucci.com.

If mailing an enrollment (address is available online), beneficiaries are asked to send a check or money order for the amount equal to **one month's premium** to UCCI with the application. If enrolling online, enrollees will need to use a credit card to pay for the initial month's premium.

TADIVS: Translations Automated Database Input & Verification System

New Online Tool Streamlines Language Translations

Ray Holder

TRICARE Europe System Engineer

Last December, when MAJ Damon Baine, TAO-E Business Operations Chief, and Domenico Maddaloni, contracting officer representative, drafted a new foreign language translations contract, they included in it a key role for a new web-based tracking tool, hoping to use technology to help control costs and to track workload across the region.

One year and 28,000 pages of medical translations later, TAO-E is reaping the rewards of their foresight, as the Translations Automated Database Input & Verification System, or TADIVS, has evolved into a full-fledged workflow management system.

“One year and 28,000 pages of medical translations later, TAO-E is reaping the rewards of their foresight”

By soliciting feedback from users in the field, and working closely with the TAO-E information management staff, Baine and Maddaloni have been able to add functionality to the system that not only increases their level of quality assurance oversight, but also streamlines the translation process for TADIVS users at European treatment facilities.

TADIVS' new digital document support, added in Oct. 2004, is a

prime example. According to Mr. Maddaloni, customers were having problems receiving translated documents from the vendor. Documents were to be returned to the requestor by fax, but often the fax machines would run out of paper, or incoming images would be distorted or reduced. Even when the documents were transmitted correctly, it was not uncommon for translated documents to sit unnoticed in the fax machine for days.

This made it extremely difficult to assure the timeliness of the translations, not to mention the extra burden it put on the field staff chasing down their medical documents.

“Our evaluation of vendor compliance relied on the tedious “one-by-one” verification of receipt by MTF customers,” said Maddaloni.

Now, the vendor returns translated documents by uploading them in digital form directly to the TADIVS website. The process is similar to attaching a document to an email message. After being uploaded, the documents are time stamped, matched to existing translation requests and immediately made available on a new “document dashboard” for staff to open and print directly from their browser.

The enhancement “has eliminated unnecessary [work] for all parties involved,” says Maddaloni. The

The screenshot shows the TADIVS web application interface. At the top, there's a navigation bar with links like Dashboard, Request Log, Reports, Uploads, Admin, and Exit. Below this, there's a sidebar on the left with options like Add Translation Request, Service Level, and Comments. The main content area displays two tables: 'New Translated Items (digital documents only)' and 'Recent Translated Items (digital documents only)'. Both tables have columns for Request Date, Request ID Code, Pages, Service Level, Returned Date, Comments, Status, and a 'View' button. The 'New Translated Items' table shows a list of recent translations with details like '12/29/2004 8:02:00', '211179', '1', 'ROUT', '12/29/2004', 'FID AD', 'Translated', and 'View'. The 'Recent Translated Items' table shows a similar list of recent translations.

vendor can return documents, and the customer can retrieve them with the ease of a few mouse clicks, instead of repeated trips to the fax machine. “The new system is much better than faxing,” says Gabriella Gambill, a TADIVS user from Stuttgart. And for the TAO-E contracting office, they can quickly identify those requests that have not been returned within the 10 business day timeframe for standard requests or the 48 hour window for urgent requests.

The end result of the custom enhancement is that it allows a higher level of quality assurance by government. As Mr. Maddaloni puts it, it is one thing to buy a package from a store that is marked on the front as “cheese,” it is quite another to open the package and actually taste the quality of the cheese.

With the translated documents in hand at the TAO-E, and a majority of the logistical issues resolved, his office can now focus its resources on the quality of the “cheese” the vendor provides.



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WPS Addressing Claims Problems: Update

Uli Engel

Deputy Chief, Program Operations



The following is an update for the major claims problems we have encountered within the last few months with our claims processor, Wisconsin Physician Services:

New provider EOBs

WPS will change their provider EOB format back to individual EOBs. This issue is still pending awaiting an estimated completion date.

Incorrect denied or POS claims

Another system fix moved into production on Dec. 9, 2004. All claims processed under the new claims system that *did not* have a care authorization was recently reprocessed. We received a report showing those claims that were reprocessed/

adjusted by WPS in December and will update CMS as quickly as possible. This includes claims for Active Duty, TRICARE Plus, TRICARE Standard as well as Partnership and AAFES (routine eye exams) claims.

Pharmacy claims

All outstanding pharmacy claims were processed Dec. 1-2, 2004. Checks to pharmacies should now be on the way.

Lack of claims data in M2/CDIS

This issue is still pending and is being worked by TRICARE Management Activity. This is a worldwide problem (not limited to OCONUS).

Host Nation provider access to TRICARE4U website

A system fix moved into production in early Dec. and our host nation providers should now be able to log on. WPS will soon post instructions

for our overseas providers on their website in addition to new country code listings.

WPS only reflecting the last four of sponsor's SSN

New CMS reports from WPS now reflect the entire SSN again. WPS will provide corrections to the previous reports that only had the last four of the SSN sometime in January. TAO-E will then up-date CMS to reflect all claims with a complete SSN.

EFT payments

WPS will use the check number on their EOBs as a "cross reference" number on the EFT payments. This will enable providers to match the EFT payments with the respective patient/invoice.

We will continue to provide you with updates to these and other claims problems that arise in the coming months. Thanks for your patience!

TRICARE Europe Beneficiary Feedback

The information in this column features frequently asked questions from beneficiaries and answers provided by the TRICARE Europe Office staff.

Q: *I am an Active Duty soldier stationed in the U.S. My children are currently living with their mother in a TRICARE Europe Prime Remote location in Europe (i.e. more than 50 miles from a military Medical Treatment Facility). My children are already enrolled in DEERS – What can I do to get TRICARE benefits for them?*

A: If your children are DEERS eligible, they may use TRICARE Standard. Because your children are in a remote location without you (their sponsor), they will not be eligible for TRICARE Europe Prime Remote. Your children may see any civilian provider, but you may find that a number of civilian providers require up-front payment. In this case, you must pay and then file for reimbursement.

When filing for reimbursement with TRICARE, clearly annotate somewhere on the claim form to PLEASE PAY

PATIENT if you were required to pay up front. If you have Other Health Insurance (OHI), the OHI company is required by law to be first payer. In this case, any claims from your children's care must first be sent to your OHI first and then filed with TRICARE afterwards. Your OHI Explanation of Benefits must be included when filing a secondary claim with TRICARE.

Q: *I just recently PCSed from Germany back to the U.S. I took 30 days of leave en route and had to bring my wife to the Emergency Room during this time. Upon in-processing at my new unit they told me I must send this bill to TRICARE Europe. What do I need to do to take care of this bill?*

A: You remain enrolled in TRICARE Europe for 60 days from the date you depart Europe. This ensures that you have continued coverage while en route. Now that you are at your new duty station, you should transfer your enrollment to your new region immediately.

As for your wife's ER visit, you need to file your claim with WPS (TRICARE Europe's foreign claims processor) because she was enrolled in our region at the time of her treatment.

Outgoing Executive Director Reflects on Tenure

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of a managed care support contractor, the new governance is a step towards closing the gap between overseas and CONUS regions. This is truly a step in the right direction for our beneficiaries, and it should help make it easier to get things done. Now that the transition is over, the hard work begins. I wish all of you who will see this transition through to full fruition the best. It's a truly worthy goal.

Host Nation Health Care Quality & Network Adequacy

There has been so much activity and progress in this area that I don't know where to start. It is no understatement to say that the TRICARE Europe Provider Network is now stronger and more robust than it has ever been.

The host nation quality monitoring process developed at TRICARE Europe has established quality standards our beneficiaries deserve and should expect across our entire theater. The theater-wide analysis conducted by our Clinical Operations Division of network adequacy in 2003 continues to guide our health care planning during this transitive time. The optimization tools developed by TRICARE Europe's Support Services Division allows MTF leadership and regional medical commands to closely monitor health care delivery metrics to ensure beneficiaries continue to receive the standards of access and continuity of care they deserve. Our medical director has led MTF-based teams on unprecedented visits to the theater's highest volume host nation hospitals. For the first time, Standard site visit quality checklists offer a way to compare observations about host nation hospitals across ten different nations in our theater in a standard way.

Now we are building on the concept of Multi-MTF Area Coordination. TRICARE Europe analysis has already revealed significant overlaps in networks and quality monitoring activities in five large markets within Europe containing multiple MTFs. TRICARE Europe will continue to work to develop ways to assist these areas in optimizing health care.

My hat is off to all the people at TRICARE Europe and around the theater who made these tremendous advances in health care standardization and access possible.

Remote Site Health Care

When I arrived at TRICARE Europe, the expansion of International SOS services to remote locations throughout the theater was still in the idea phase. Thanks to the tireless efforts of people in the Program Operations division, it is now a fully-realized reality. The ability of Prime Remote beneficiaries to have access to cashless and claimless medical care with maximum attention to quality and appropriateness of care is a major step forward for TRICARE beneficiaries living in these remote locations. While not detracting from any of the innovative and traditional ways of coordinating care for our remote beneficiaries, this program gives these beneficiaries access to services and assurances not previously available.

I am very proud of all the people here at TRICARE Europe, as well as in all three military services, who worked so hard for many years to bring this benefit to these important beneficiaries. Many people don't realize that as much as half of TRICARE Europe's overall efforts are directed toward supporting the health care of these remote site beneficiaries. Though they comprise only about 6,700 of our overall 300,000 plus patient population, their unique settings and needs require a great deal of support. International SOS brings additional resources to the table to assist these Americans in attaining the best possible medical care available during postings at embassies and other remote site locations.

Of course all of these major projects and milestones fall within the context of the Global War on Terror. With troops deployed throughout our Area of Responsibility, family members moving while their spouses are deployed, the increased reliance on our host nation provider network, and hundreds of reserve component members within the theater, the TRICARE Europe mission is perhaps more important than ever. I want to thank all of you for the job you continue to do every day.

30 Years!



The staff at TRICARE Europe salutes Ms. Uli Engel, TRICARE Europe Program Operations Deputy Director, for 30 years of U.S. government service!